

DEPARTMENT OF EDUCATION

National Institute on Disability and Rehabilitation Research; Notice of Final Funding Priorities for Fiscal Years 1995 and 1996 for Research and Demonstration Projects

AGENCY: Department of Education.

SUMMARY: The Secretary announces final funding priorities for Research and Demonstration (R&D) projects under the National Institute on Disability and Rehabilitation Research (NIDRR) for fiscal years 1995–1996. The Secretary takes this action to focus research attention on areas of national need consistent with NIDRR's long-range planning process. These priorities are intended to assist in the solutions to problems encountered by individuals with disabilities in their daily activities.

EFFECTIVE DATE: These priorities take effect on February 16, 1995.

FOR FURTHER INFORMATION CONTACT: David Esquith, U.S. Department of Education, 600 Independence Avenue, S.W., Switzer Building, Room 3424, Washington, D.C. 20202–2601. Telephone: (202) 205–8801. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205–8801.

SUPPLEMENTARY INFORMATION: This notice contains three final priorities for the R&D program. These priorities are in the areas of accommodations for individuals with disabilities in adult education programs, reproductive issues for women with disabilities, and HIV/AIDS and disability.

Authority for the R&D program of NIDRR is contained in section 204(a) of the Rehabilitation Act of 1973, as amended (29 U.S.C. 760–762).

Under this program the Secretary makes awards to public agencies and private agencies and organizations, including institutions of higher education, Indian tribes, and tribal organizations. In part, this program is designed to assist in the provision of vocational and other rehabilitation services to persons with disabilities, especially those individuals with severe disabilities, through planning and conducting of research and demonstration projects, and specialized research activities. In addition, this program is designed to assist in the development of solutions to the problems encountered by individuals with disabilities in their daily activities, especially problems related to employment (see 34 CFR 351.1). Under the regulations for this program (see 34 CFR 351.32), the Secretary may establish research priorities by reserving

funds to support the research activities listed in 34 CFR 351.10.

These final priorities support the National Education Goals, one of which states that every American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

On October 7, 1994, the Secretary published a notice of proposed priorities in the **Federal Register** (59 FR 51326).

The Department of Education received thirty-five letters commenting on the proposed priorities. Modifications were made to the priorities as a result of those comments. The comments, and the Secretary's responses, are discussed in an appendix to this notice.

Note: This notice of final priorities does not solicit applications. A notice inviting applications in the areas of accommodations for individuals with disabilities in adult education programs and HIV/AIDS and disability is published in a separate notice in this issue of the **Federal Register**. At this time, NIDRR is not inviting applications in the area of reproductive issues for women with disabilities.

Priorities

Under 34 CFR 75.105(c)(3) the Secretary gives an absolute preference to applications that meet one of the following priorities. The Secretary will fund under this program only applications that meet one of these absolute priorities:

*Priority 1: Accommodations for Individuals With Disabilities in Adult Education Programs***Background**

In program year 1991 Adult Education (AE) programs funded under the Adult Education Act (P.L. 88–452, as amended) served over 3.7 million people in adult basic, adult secondary, and English-as-a-second-language programs. Adult Basic Education programs serve persons who are educationally disadvantaged, including individuals with all types of disabilities. The Office of Vocational and Adult Education estimates that at least 30 percent of the persons in AE programs have a disability. Adults (aged 16 years or older) with disabilities are enrolled in AE programs located in 57 States or territories in local educational agencies, community colleges, community-based organizations, mental hospitals, rehabilitation and correctional facilities, and other facilities serving individuals with disabilities (U.S. Department of Education, Adult Learning and Literacy

Clearinghouse, Fact Sheet 9, February 1994).

Some individuals with disabilities in AE programs may need accommodations to make the educational program accessible. These accommodations may involve the modification of policies, practices, or procedures, or the provision of auxiliary aids and services (e.g., relaxed time requirements for tests, interpreters, assistive technology) or both. Published efforts to identify accommodations for adults with disabilities in AE programs have focused on administering tests and diagnostic assessments (American Council on Education, "GED Test Accommodations," Washington, D.C., 1990; American Council on Education, "External Diploma Program Assessment Accommodations and Modifications for Adults with Special Learning Needs," Washington, D.C., 1990).

In addition to testing and assessment accommodations, individuals with disabilities in AE programs may require accommodations related to the presentation of instructional materials, alternative formats to print materials, notetakers, alternatives to written assignments, practicums, scheduling, and a variety of other educational tasks and requirements.

Adult Education administrators and teachers need to understand not only their obligations under Section 504 of the Rehabilitation Act, as amended, and the Americans with Disabilities Act, but also the resources that are available to enable them to provide the accommodations. Similarly, students with disabilities in AE programs need to understand their rights, articulate their needs, and identify the accommodations that will assist them to meet the program's requirements.

Priority

An R&D project on accommodations for individuals with disabilities in Adult Education programs shall—

- Survey the nature and extent to which a representative sample of AE programs are providing programmatic accommodations to students with disabilities and determine the relationship between the provision of those accommodations and program outcomes for those students (e.g., graduation rates, program completion, career advancement, etc.);
- Identify and evaluate effective programmatic accommodations for individuals with disabilities in AE programs, and develop recommendations for the development of new accommodations, including, but not limited to, accommodations related to testing, presentation of instructional

materials, alternative formats to print materials, notetakers, alternatives to written assignments, practicums, scheduling, and assistive technology;

- Utilizing existing materials to the maximum extent possible, develop guidance for AE staff and students with disabilities in AE programs on the rights and duties of covered entities to provide appropriate accommodations to individuals with disabilities;

- Utilizing existing material to the maximum extent possible, develop information for AE staff and students with disabilities on both innovative and common accommodations provided to students with disabilities, as well as information on resources that will assist AE programs provide accommodations;

- Field-test and ensure that the materials that are developed address the needs of individuals with disabilities from minority backgrounds who are in AE programs; and

- Coordinate efforts with NIDRR's Disability and Business Technical Assistance Centers (DBTACs, the ADA technical assistance centers) as well as with the Division of Adult Education and Literacy within the U.S. Department of Education Office of Vocational and Adult Education.

Priority 2: Reproductive Issues for Women With Physical Disabilities

Background

Despite the attention given to disability in general and certain impairments in particular, one category within the disabled population has received little recognition or study—women. (Doggone, Mary J., Brooks, Nancy A., *Women and Disability: The Double Handicap*, 1985). Over 3,000,000 women of childbearing age in the United States have some type of disability. Many women with disabilities have been discouraged by their families, friends, and health providers from considering the option of parenthood. Until very recently, women with many types of physical disabilities have not been encouraged or facilitated in exercising that option by health care providers and others. Medical professionals have often discouraged pregnancy for women with physical disabilities because of the limited understanding of the effect of bodily changes during pregnancy, labor, and delivery on existing impairments. This priority addresses issues confronted specifically by women with physical disabilities.

Some aspects of women's health maintenance that are an ordinary part of life for most women pose significant problems for women with physical

disabilities. Depending upon the type of disability, fertility may be unaffected but pregnancy may be an increased risk and require high-risk management; genetic counseling may be suggested; symptoms of chronic disease or impairment may or may not be exacerbated; delivery may be difficult; and urinary infections, decubitus ulcers and autonomic hyperreflexia during labor and delivery may be present. (Asrael, W., Huberman, B., NAACOG Update Series, Vol. 5, Lesson 11, 1986).

Women with physical disabilities often require specialized gynecological attention for a number of possible concerns. The interaction of drugs may have a more severe impact on their systems, such as the canceling effect of antiseizure medications and oral contraceptives, or the multiplying effect of antispasmodics on other drugs with depressive side effects. There has been little research on the long-term effects of oral contraceptives and other hormonal treatments for women who lead sedentary existences and who often have compromised circulatory systems. (Nosek, M., *Point of View, Primary Care Issues for Women With Severe Physical Disabilities*, *Journal of Women's Health*, Vol. 1, No. 4, 1992). Concerns revolve around the ability to conceive, the presence of special problems and risks during pregnancy, the impact on the disability itself and the methods of delivery.

Elaine Carty and Tali Conine, (Rehabilitation Nursing, Vol. 13, No. 2, 1988), looked at six important areas of stress that pregnant women with physical disabilities experience. Three are role related: accepting the new role of childbearing and the impending responsibilities of parenthood, accepting extra nurturing and assuming a more dependent role, and dealing with fatigue and limitations on activity in the perinatal period. Psychosocial issues cannot be separated from the woman's general well-being.

Research supports the conclusion that more extensive education of health care providers and consumers in the medical and psychosocial aspects of disability and in the area of human sexuality and communications regarding this aspect of health care could lead to improved health services for women with disabilities. Among the problems in providing appropriate reproduction-related services to women with disabilities is the limited experience of obstetricians-gynecologists with health issues of various types of disabilities, and the limited involvement of physiatrists and other specialists in prenatal care. Physicians who may have been involved in the woman's previous

care include a physiatrist, orthopedist, neurologist and urologist. The proposed project is to investigate appropriate roles for these specialists in the pregnancy care team.

If women with disabilities are to have options for reproductive care comparable to those available to women without disabilities, then the obstetrical profession and ancillary health care personnel must be educated on the special pregnancy-related needs of women with physical disabilities. Development and dissemination of current information to health care practitioners and to women with disabilities will be a key element of any project to be funded under this priority.

Being informed is one of the best ways for a woman to increase her confidence and ensure she is given the same pregnancy-related options as her nondisabled peers. (Beckmann, Gittler, Barzansky, and Beckmann, *On the Gynecologic Health Care of Women With Disabilities*, *Obstetrics and Gynecology*, Vol. 74, No. 1, July, 1989). A woman with a disability who is pregnant should be aware of major risk-benefit ratios, and needs a support system that includes an obstetrical team sensitive to the specific issues related to her disability. (Freda, Cioschi, Nilson, *Childbearing Issues for Women with Physical Disabilities*, *Special Interest Section Newsletter, Physical Disabilities*, Vol. 12, No. 2, June 1989, published quarterly by the American Occupational Therapy Association, Inc.)

Choices concerning pregnancy and motherhood often have different implications for women in diverse cultures, depending upon the psychosocial expectations of women and the support systems available to them. Disabled women from minority backgrounds may be quite different from those available to nonminority women. A project to be funded under this priority is expected to address the research questions concerning disability, pregnancy, and cultural competency. Thus, any project must involve not only women with physical disabilities, but also disabled women from diverse cultural backgrounds, in the design, conduct, and dissemination of the research. A grantee funded under this priority is expected to demonstrate familiarity and ability to coordinate with other projects and agencies addressing related issues, including the Department of Health and Human Services and its grantees.

Priority

An R&D project on reproductive issues for women with disabilities shall—

- Study the impact and risks of pregnancy and childbirth, and, at the discretion of the applicant, other reproductive health issues affecting women with various physical disabilities;
- Identify the current gaps in research and the information needed by practitioners and consumers regarding gynecologic and reproductive care for women with physical disabilities;
- Identify and evaluate strategies that foster communication and collaboration among the various health care practitioners relevant to pregnancy and childbirth and to other reproductive health issues of women with physical disabilities;
- Identify and evaluate methods to improve education and training for health care providers regarding the medical and psychosexual aspects of disability and reproductive issues;
- Incorporate issues pertinent to culturally diverse populations in addressing issues of pregnancy and childbirth, and, at the discretion of the applicant, other reproductive health issues identified by women with disabilities from minority backgrounds; and
- Disseminate the research findings to health care providers and women with disabilities through the most effective channels, likely to result in maximum impact on practice and training.

Priority 3: HIV/AIDS and Disability

Background

The human immunodeficiency virus (HIV) causes a chronic, progressive immunologic deficiency disease with a spectrum of manifestations. (Atkins, B. J. and Hancock, A. K., *American Rehabilitation*, 1993). The continuum can be seen as four major stages: Acute HIV Disease; Chronic Asymptomatic HIV Disease; Chronic Symptomatic HIV Disease; and Advanced Disease (AIDS). It is known that HIV affects every cultural, social, economic, sexual, racial, and geographic group in this country.

Former Surgeon General C. Everett Koop stated that HIV is expected to impact every household in America in the 1990's." The numbers of people who have AIDS is significant: the Centers for Disease Control and Prevention (CDC), in its HIV/AIDS Surveillance Report, 1994, noted that, as of December, 1993, 361,509 cases of AIDS had been reported in the United States. Of these, 138,223 individuals were known to be living with AIDS. These figures do not include individuals who have been diagnosed as HIV seropositive, but have not yet developed full-blown AIDS; that

number is estimated to exceed one million. Racial and ethnic minority populations have been disproportionately affected by HIV infection and AIDS. In 1992, 47 percent of all reported AIDS cases were among African-Americans and Hispanics although these two groups represent only 21 percent of the entire population (1992 CDC Newsletter). HIV infections are also increasing rapidly among women.

Although HIV disease is chronic, progressive, and, so far, ultimately fatal, the average period of time from onset of infection to death continues to increase, due to improved health care interventions, and is now estimated to be 11.5 years (Whitman-Walker Clinic). Individuals may well begin to live longer at each stage of the disease process. Thus, as the natural course of the disease changes, it will be important to track the changing needs for rehabilitation and community support services. Most "Persons Living with AIDS" (PLWA) aspire to maintain as normal a life as possible during the period of disease and disability and have both the potential and the right to benefit from appropriate service programs. It is extremely critical that culturally sensitive, community integrated service systems to promote rehabilitation, independence, employment, and community integration and to reduce barriers be developed and implemented.

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended, have very similar definitions of an individual with a disability, and define such an individual, in summary, as one who has a physical or mental impairment that substantially limits his or her ability to perform one or more major life activities, has a record of an impairment that substantially limits a major life activity, or is regarded by an employer or other covered entity as having an impairment that substantially limits a major life activity. This definition includes people with HIV/AIDS.

Individuals with HIV/AIDS may be entitled to income transfer payments and medical assistance; they also may be eligible, depending on specific criteria in the various statutes, for services under a number of public service programs, including vocational rehabilitation and independent living, mental health and drug abuse services, veterans' services, and housing assistance.

There are many allegations that the traditional social service systems, including vocational rehabilitation, are

ill-equipped to respond to the need for services. For example, the 1991 National Survey of Vocational Rehabilitation (VR) and AIDS," distributed to State VR agencies by the American Rehabilitation Association (ARA), concludes that there are numerous barriers to the delivery of rehabilitative services to persons living with HIV/AIDS. These barriers include the fears and anxieties of vocational rehabilitation staff, public stigma associated with HIV/AIDS, confidentiality issues, lack of knowledge about the rehabilitation needs of persons with HIV/AIDS, and the need for more extensive services than those currently available through the vocational rehabilitation system.

Factors in the natural course of the disease, including remissions, exacerbations, compounding, rates of decline, and many other characteristics that are not well understood in terms of their relation to disability and to support services, may affect the suitability of existing service models to meet the needs of PLWA. In addition, there is some indication that the patterns of the disease, and the associated service needs, are different for minority individuals, who are likely to enter the health care service system later in the illness, and for women, for whom not only the support needs but also the natural course of the disease appear to differ (Campbell, et.al., 1989).

Many rehabilitation experts hypothesize that the approaches and techniques that have been developed to address issues regarding other types of disability are relevant to, and will be effective in, addressing issues regarding HIV/AIDS. These approaches include secondary prevention, vocational rehabilitation, job accommodations, barrier removal, peer support, independent living, personal assistance services, public education, integrated model service systems, job sharing, and advocacy.

However, the most effective application of disability and rehabilitative approaches to HIV/AIDS is dependent upon first increasing knowledge about the pattern(s) of disabling consequences typically associated with the disease process; the functional capacities associated with various stages of the disease process; and the duration and intensity of various types of supports needed for this population at different stages of the disease process. Any research designed to address these issues must ensure that findings can be applied cross-gender and to various ethnic and linguistic cultures.

Any project to be funded under this priority is expected to be familiar with,

and to coordinate and cooperate with, the related AIDS research activities of the Centers for Disease Control and the National Institute of Allergy and Infectious Diseases, and with other major current or future research initiatives.

Priority

An R&D project on HIV/AIDS and disability shall—

- Analyze existing data on HIV/AIDS, prepare population estimates and statistical profiles of adults with HIV/AIDS, including such factors as: age; age at onset or confirmation of HIV infection or both; and AIDS diagnosis or length of time with the disease; ethnic background; gender; educational level; employment experience and current employment status; patterns of SSI, SSDI, Medicaid, and Medicare enrollment; and standard demographic factors;

- Document the natural course of the disability consequences of the disease process, including iatrogenic disabilities, and document the functional losses associated with various stages of the disease process, taking into consideration such factors as age, gender, ethnic background, and concomitant disabilities;

- Identify and assess the major disability-related societal barriers confronted by adults with HIV/AIDS, including unemployment, discrimination, lack of accommodations, and lack of opportunities to maintain independent living, distinguishing patterns by age, gender, ethnic background, and urban or rural location;

- Identify best practices in rehabilitation, independent living, peer support programs, community mental health, housing, job accommodations, and related services that have the most potential to assist adults with HIV/AIDS to maximize quality of life;

- Demonstrate and evaluate the effectiveness of selected rehabilitative techniques that enable PLWA to maintain maximum independence in employment and in the community, involving PLWA, individuals with other disabilities, and adults from diverse cultural backgrounds in the design of the demonstrations; and

- Disseminate the findings from this project to potential adapters in other programs, projects, and service facilities that provide services to PLWA and through other resources, including NARIC, the Council of State Administrators of Vocational Rehabilitation (CSAVR), and the National Council for Independent Living (NCIL), the National Association

of Protection and Advocacy Systems (NAPAS), and HIV/AIDS information networks.

Applicable Program Regulations: 34 CFR Parts 350 and 351.

Program Authority: 29 U.S.C. 760–762.

(Catalog of Federal Domestic Assistance Number 84.133A, Research and Demonstration Projects)

Dated: January 10, 1995.

Judith E. Heumann,

Assistant Secretary for Special Education and Rehabilitative Services.

Appendix

Analysis of Comments and Changes

By the deadline date, the Department received thirty-five comments in response to the proposed priorities. Sixteen additional comments were received after the deadline date and were not considered in this response. The majority of the letters supported the priorities. This Appendix contains an analysis of the comments and the changes in the priorities since the publication of the notice of proposed priorities. Technical and other minor changes—and suggested changes the Secretary is not legally authorized to make under applicable statutory authority—are not addressed.

Priority 1: Accommodations for Individuals With Disabilities in Adult Education Programs

Comment: Two commenters recommended including assistive technology in the examples of accommodations in the Background statement and in the priority.

Discussion: The Secretary believes that assistive technology will play an increasingly important role in the provision of accommodations for persons with disabilities in adult education programs. The Secretary agrees to clarify that applicants may address accommodations that utilize assistive technology.

Changes: Assistive technology has been added to the list of examples of accommodations in the Background statement and in the priority.

Comment: Many commenters recommended adding specific emphases and activities to the priority.

Discussion: The Secretary believes that applicants should have the discretion to propose any emphasis or activity that is authorized by the priority. The application review process will determine the merits of the emphasis or activity that an applicant proposes. The Secretary believes that the commenters' recommendations listed directly below are authorized by the priority and may be proposed by an

applicant. However, the Secretary declines to require all applicants to address them. These recommended emphases and activities are as follows: separately, inform students about their right to accommodations and teachers about the uses of accommodations, develop a self-advocacy curriculum, address alternative teaching techniques, broaden the priority's coordination requirements, emphasize in the materials that are developed by the project that accommodations need to be provided only when a barrier to participation exists, address the needs of students with disabilities' for assistance in documenting their disabilities, emphasize and identify existing model programs, develop statistical information on the impact and need for accommodations in AE programs, develop a teacher training model, address the recruitment and placement of students with disabilities with average and above average intelligence into AE programs, emphasize individuals with traumatic brain injuries, emphasize case-by-case assessment to determine individual accommodations, study issues involving the deaf community and the impact of interpreters, and study the use of personal assistants in facilitating access to AE by persons with spastic cerebral palsy or quadriplegia.

Changes: None.

Comment: One commenter suggested revising the priority to clarify that the second activity of the priority is intended to address existing AE programs.

Discussion: The second priority requires the grantee to identify and evaluate effective programmatic accommodations for individuals with disabilities in AE programs, and develop recommendations for the development of new accommodations. The Secretary believes that the grantee may identify effective programmatic accommodations for persons with disabilities that exist in other programs serving persons with disabilities (e.g., special education, vocational education). The Secretary does not agree to limit the grantee's activities to consideration of existing AE programs.

Changes: None.

Comment: One commenter suggested referencing the Americans with Disabilities Act (ADA) in addition to Section 504 of the Rehabilitation Act.

Discussion: The Secretary agrees that the AE administrators and educators need to understand that they have obligations under the ADA as well as Section 504 of the Rehabilitation Act.

Changes: Title II of the ADA is referenced in the Background statement.

Priority 2: Reproductive Issues for Women With Physical Disabilities

Comment: One commenter recommended using the term "reproductive health" instead of "pregnancy and childbirth" in the third and fifth activities of the priority. The commenter pointed out that there are many women with disabilities who have reproductive health needs other than those related to pregnancy and childbirth.

Discussion: The Secretary recognizes that "pregnancy and childbirth" are a subset of the topics that fall under the heading of "reproductive health." The Secretary believes that all applicants for this project should address issues of childbirth and pregnancy. Additionally, the Secretary believes that applicants should be given the discretion to propose to address other issues of "reproductive health." The application review process will determine the merits of the activities that an applicant proposes.

Changes: The background statement and the priority have been revised to provide applicants with the discretion to propose to address issues of reproductive health in addition to childbirth and pregnancy.

Comment: Many commenters recommended adding specific emphases and activities to the priority.

Discussion: The Secretary believes that applicants should have the discretion to propose any emphasis or activity that is authorized by the priority. The application review process will determine the merits of the emphasis or activity that an applicant proposes. The Secretary believes that the commenters' recommendations listed directly below are authorized by the priority and may be proposed by an applicant. However, the Secretary declines to require all applicants to address them. These recommended emphases and activities are as follows: study impact and risks of hormone treatment, develop demographic data by age and disability on childbirth and pregnancy, evaluate risks and efficacy of birth control methods, address issues surrounding estrogens as sex steroids used in contraception and menopause, identify and evaluate methods to improve decision-making about reproductive health care by women with disabilities, address issues pertinent to culturally diverse populations, identify and evaluate postnatal adaptations to maximize parenting skills in women with disabilities, and identify and evaluate strategies that address physical and programmatic access issues to health care as it pertains to pregnancy.

Changes: None.

Comment: One commenter recommended that the project should be funded by the National Institutes of Health.

Discussion: NIDRR has collaborated with various units of the National Institutes of Health in planning research on women with disabilities, including reproduction research. NIDRR has the authority to support research on reproductive care, including research on promoting sensitivity to disability concerns, educating consumers and providers on treatment approaches, service delivery, and consumer empowerment.

Changes: None.

Comment: Twelve commenters indicated that the priority was too narrow. The commenters recommended that the priority be expanded to address a wide range of issues in addition to reproductive issues. The commenters recommended that the priority be expanded to address: access to basic health care, violence, abuse, employment, housing, education, and independent living. Ten of the commenters recommended that NIDRR support a Rehabilitation Research and Training Center (RRTC) on women.

Discussion: NIDRR recently convened a focus group on the topic of women with disabilities. The Secretary recognizes that there are many issues related to women with disabilities that warrant further research. The Secretary plans to consider supporting this research in the near future. However, at this time, the Secretary declines to expand the priority as recommended by the commenters, in favor of retaining a discrete focus for this R&D project.

Changes: None.

Comment: One commenter recommended that the title of the priority be changed to "Access to Health Care and Reproductive Issues for Women with Disabilities."

Discussion: The Secretary believes that the commenter's recommendation connotes a different scope of activity than is intended for the priority. For example, the proposed priority was not intended to study issues of financing of health care (a topic implied by the suggested title).

Changes: None.

Comment: Three commenters recommended expanding the priority to include women with cognitive or psychiatric disabilities.

Discussion: The Secretary recognizes that there are important reproductive health issues confronted by women with cognitive and psychiatric disabilities. The Secretary does not believe it is feasible to address these research issues

in this priority because of the limited resources available to the R&D project. The Secretary is considering plans to address these research issues in the near future.

Changes: None.

Comment: Two commenters recommended that the project include women of color.

Discussion: The Secretary expects this project to include women of color. The statute requires that each applicant for a project under this competition must demonstrate how its application will address the needs of individuals from minority backgrounds who have disabilities. In addition, the selection criteria for the program evaluate how the applicant will include women and members of racial or ethnic minority groups, as well as persons with disabilities and the elderly. The Secretary does not believe any further requirements are necessary in order to ensure that this project will address the commenters' recommendation.

Changes: None.

Priority 3: HIV/AIDS and Disability

Comment: One commenter recommended that the National Association of Protection and Advocacy Systems (NAPAS) be included in the list of groups that will receive the project's findings.

Discussion: The Secretary believes that providing NAPAS with project's findings will enhance its dissemination activities.

Changes: NAPAS has been added to the list of groups that will receive the project's findings.

Comment: Many commenters recommended adding specific emphases and activities to the priority.

Discussion: The Secretary believes that applicants should have the discretion to propose any emphasis or activity that is authorized by the priority. The application review process will determine the merits of the emphasis or activity that an applicant proposes. The Secretary believes that the commenters' recommendations listed directly below are authorized by the priority and may be proposed by an applicant. However, the Secretary declines to require all applicants to address them. These recommended emphases and activities are as follows: study physical barriers as well as attitudinal barriers, study housing issues, study the relationship between HIV/AIDS and other disabilities, study the attitudes of service providers when addressing societal barriers, study self-help and consumer-driven approaches in best practices, in addition to studying rehabilitation organizations, identify

best practices of organizations such as AIDS service organizations in addressing disability aspects of AIDS, and develop a program of orientation, education, and training for groups that the HIV/AIDS epidemic has affected.

Changes: None.

Comment: One commenter recommended a long-term training component for the priority.

Discussion: The Secretary points out that length of this project is 36 months. A long-term training component is incompatible with this priority. Also, this is an R&D project, which does not encompass authority for training.

Changes: None.

Comment: One commenter indicated that the priority contains too many activities for an R&D project.

Discussion: The Secretary recognizes the wide array of activities that applicants can propose under the priority. The Secretary expects that applicants will propose to undertake activities that are feasible in light of the size of the award, while addressing all of the required activities over a 36-month period.

Changes: None.

General Comments

Comment: One commenter recommended the following four additional priorities: changing service

delivery programs from segregated to integrated programs; the use of emerging assistive technology to improve the inclusion of children with disabilities in regular classrooms and all aspects of community living; accommodations for individuals with significant physical and speech disabilities in employment; and telecommunications technology for individuals with significant communications disabilities in adult education.

Discussion: The Secretary will consider the commenter's recommendations when new priorities are being developed.

Changes: None.

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DEPARTMENT OF EDUCATION

[CFDA No.: 84.133A]

Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Awards Under the Research and Demonstration Program for Fiscal Year (FY) 1995

Note to Applicants: This notice is a complete application package. The notice contains information, application forms, and instructions needed to apply for a grant under this competition. The final priorities for the Research and Demonstration program are published in this issue of the **Federal Register**. This consolidated application package includes the closing date, estimated funding, and application forms necessary to apply for an award under this program's competition. Potential applicants should consult the statement of the final priorities published in this issue to ascertain the substantive requirements for their applications.

The estimated funding level in this notice does not bind the Department of Education to make awards or to any specific number of awards or funding levels.

APPLICATION NOTICE FOR FISCAL YEAR 1995 RESEARCH AND DEMONSTRATION PROGRAM, CFDA NO. 84.133A

Priority	Deadline for transmittal of applications	Estimated number of awards	Estimated size of awards (per year)	Project period (months)
Accommodations for Individuals with Disabilities in Adult Education Programs	1	\$175,000	36
HIV/AIDS and Disability	1	175,000	36

Note: The Rehabilitation Act Amendments of 1992 require that each applicant for a project under this competition must demonstrate in its application how it will address the needs of individuals from minority backgrounds who have disabilities. Before your application can be reviewed, it must include this description. Applications for which this information is not received will not be reviewed.

All grantees that provide services to individuals with disabilities will be required to advise these individuals, who are applicants for, or recipients of services, or as appropriate, the parents, family guardians, advocates, or authorized representatives of these individuals, of the availability and purposes of the State Client Assistance Program (CAP), including information on means of seeking assistance under such programs. A list of State CAPs will be provided to successful applicants when they are notified of their award.

This notice supports the National Education Goals, one of which states that every American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

If you need further information about these requirements, please contact David Esquith at (202) 205-8801. Individuals who use a telecommunications device for the deaf (TDD) may call the TDD number at (202) 205-8801.

Applicable Regulations: (a) The Education Department General Administrative Regulations (EDGAR), 34 CFR Parts 74, 75, 77, 78, 80, 81, 82, 85, 86; (b) the regulations for this program in 34 CFR Parts 350 and 351; and (c) the notice of final priorities as published elsewhere in this issue of the **Federal Register**.

Purpose of Program: In part, this program is designed to assist in the provision of vocational and other rehabilitation services to persons with disabilities, especially those individuals with severe disabilities, through planning and conducting of research and demonstration projects, and specialized research activities. In addition, this program is designed to assist in the development of solutions to the problems encountered by individuals with handicaps in their daily activities, especially problems related to employment (see 34 CFR 351.1).

Selection Criteria: The Secretary uses the following selection criteria to evaluate applications under this program.

(a) **Potential Impact of Outcomes:** Importance of Program (Weight 3.0).